



LABORATORY REPORT

Name : Ms. Deepa Vankayala
Sex/Age : Female/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 307100425
Reg. Date : 08-Jul-2023 09:22 AM
Collected On :
Report Date : 08-Jul-2023 02:28 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :160

Weight (kgs) :59.1

Blood Pressure : 110/70mmHg

Pulse : 71/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

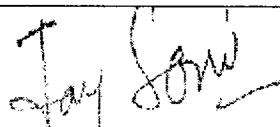
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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Dr. Jay Soni

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CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat


 भारत सरकार
 Government of India


 Issue Date: 28/08/2011

शीपा वानकायला
 Deepa Vankayala
 जन्म तिथि/DOB: 31/03/1981
 महिला/ FEMALE

8957 8751 1723
 VID : 9123 7022 1900 3558
 मेरा आधार, मेरी पहचान

Deepa 9662662379



Dr. Jay Soni
 MD (General Medicine)
 Reg. No.: G-23899



भारतीय विज्ञान संस्थान संसुचरणा
भारतीय विज्ञान संस्थान संसुचरणा
Indian Institute of Space Science and Technology
Authority of India

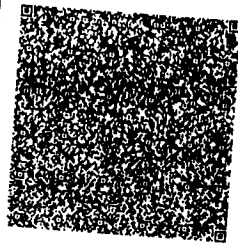


डा. दिवाकर वसुदेवराव, सी-202 यश अरिआन केंद्र,
सोनी विकल्पाद चौक के पास, सोलाबाद शहर,
गुजरात - 380052

Address:

C/O: Diwaker Vankayala, D-202 Yash arian
Ahmednagar, near swarni Vivekanand Chowk,
Gujarat - 380052

Download Date: 28/12/2022



8957 8751 1723

VID : 9123 7022 1900 3558

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Deepee


TEST REPORT

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Age/Sex : 42 Years / Female	Pass. No. :	Tele No. : 9662962379
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	L 11.9	g/dL	12.5 - 16.0
Hematocrit (Calculated)	L 34.60	%	37 - 47
RBC Count (Electrical Impedance)	4.28	million/cmm	4.2 - 5.4
MCV (Calculated)	80.9	fL	78 - 100
MCH (Calculated)	27.8	Pg	27 - 31
MCHC (Calculated)	34.4	%	31 - 35
RDW (Calculated)	13.6	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	4830	/cmm	4000 - 10500
MPV (Calculated)	9.9	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	56.80	%	42.02 - 75.2	2743 /cmm	2000 - 7000
Lymphocytes (%)	32.40	%	20 - 45	1565 /cmm	1000 - 3000
Eosinophils (%)	1.30	%	0 - 6	440 /cmm	200 - 1000
Monocytes (%)	9.10	%	2 - 10	63 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 1	19 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
 WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 222000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

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Approved By : 
 Dr. Bhavi Patel
 MD (Pathology)

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Location	: CHPL			Sample Type	: EDTA Whole Blood

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HEMATOLOGY

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"B"
Rh (D)	Positive
Note	-


ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour <i>Westergreen method</i>	9	mm/hr	ESR AT 1 hour : 3-12
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Flouride F, Flouride PP

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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	93.50	mg/dL	70 - 110
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Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *
 - Or
 2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
 - Or
 3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
 - Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	98.2	mg/dL	70 - 140
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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

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Lipid Profile

Cholesterol	162.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	75.80	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	38.10	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	108.74	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	15.16	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.85		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.25		0 - 5.0
<i>Calculated</i>			

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LFT WITH GGT

Total Protein	7.36	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	4.69	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.67	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.76		0.8 - 2.0
SGOT	22.60	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	18.00	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	51.6	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.49	mg/dL	0 - 1.2
<i>Vanadate Oxidation</i>			
Conjugated Bilirubin	0.13	mg/dL	0.0 - 0.4
Unconjugated Bilirubin	0.36	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	11.10	mg/dL	< 32
<i>SZASZ Method</i>			

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Location : CHPL		Sample Type : Serum

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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.71	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.70	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	9.00	mg/dL	6.0 - 20.0

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	4.7	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	88.19	mg/dL
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Calculated
Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.


*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	35 cc	
Colour	Pale Yellow	
Clarity	Slight Turbid	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	5	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	40 - 50/hpf	Absent
Erythrocytes (Red Cells)	2 - 5/hpf	Absent
Epithelial Cells	5 - 10/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	0.95	ng/mL	0.86 - 1.92
--	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	9.70	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Location : CHPL **Sample Type** : Serum


TSH 2.030 μ IU/ml 0.35 - 5.50
CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :
First Trimester : 0.1 to 2.5 μ IU/mL
Second Trimester : 0.2 to 3.0 μ IU/mL
Third trimester : 0.3 to 3.0 μ IU/mL
Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

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Sex/Age :	Female/42 Years	Reg. Date :	08-Jul-2023 09:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Jul-2023 01:59 PM

Electrocardiogram

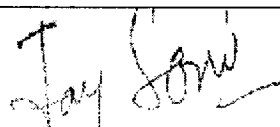
Findings

Normal Sinus Rhythm.

Within Normal Limit.



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DEEPA
URUNKRISHNA

19
42 years / 59 kg
160 cm

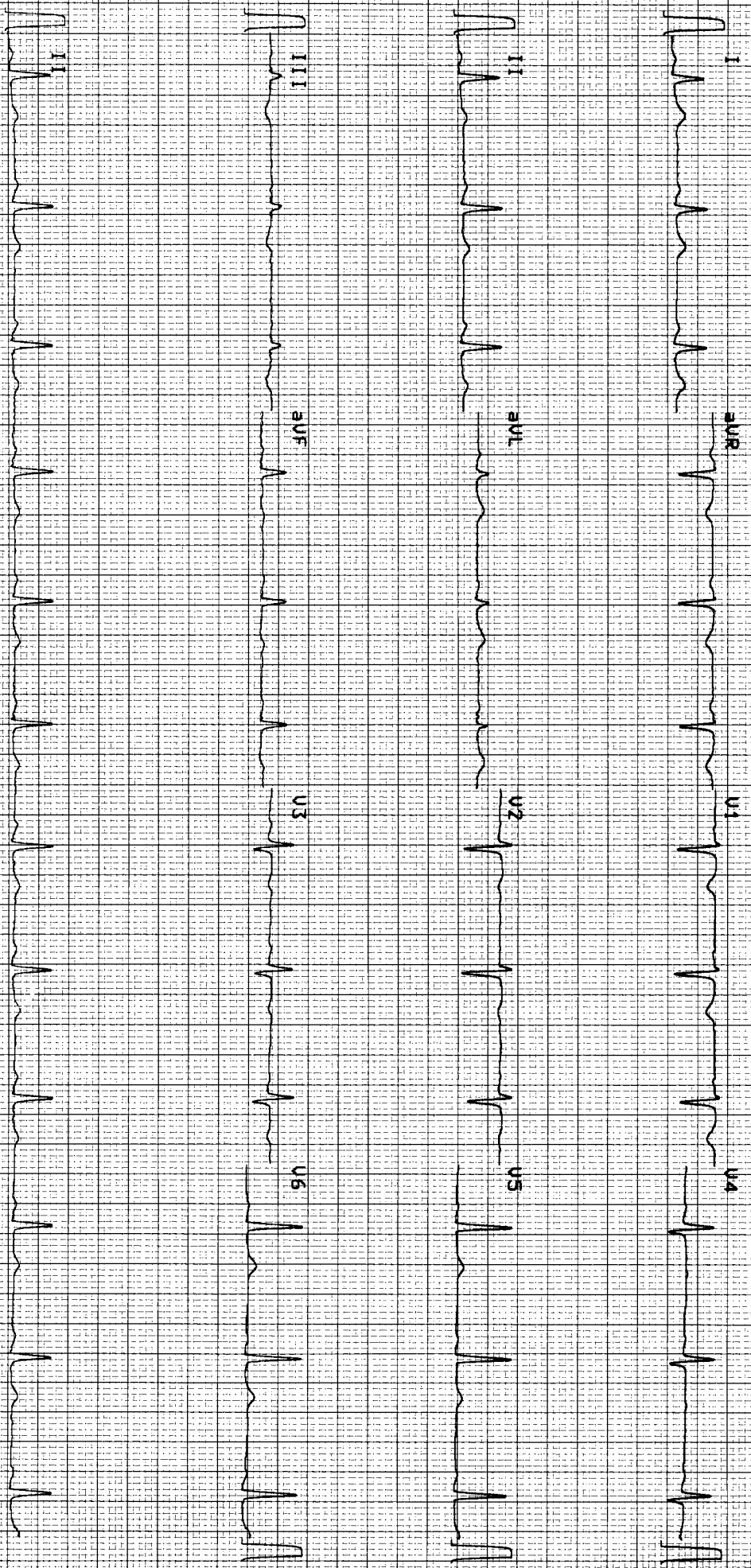
Female

HR 71/min

Axis: P 41°
QRS 36°
T 6°

Intervals:
PR 138 ms
QR5 78 ms
QT 374 ms
QTc 407 ms (Bazett)
P (II) 0.07 mV
S (V1) -0.76 mV
R (V5) 1.00 mV
Sokol. 1.00 mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz FS0 SSF S85 09.07.2023 10:03:49

CURIOUS HEALTHCARE

[Handwritten signature]

RT-102plus 1.24 C

SCHILLER

Part No. 2 15704-3



LABORATORY REPORT

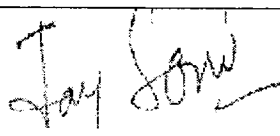
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Sex/Age	: Female/42 Years	Reg. Date	: 08-Jul-2023 09:22 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 08-Jul-2023 01:59 PM

2D Echo Colour Doppler

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 38 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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Dr. Jay Soni

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M MODE FINDINGS:

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		LVA(d) :
EF Slope		70-150mm/sec	LVL (d) :
Opening Amplitude			LVA(s) :
Posterior leaflet	Normal		LVL(s) :
E.P.S.S.		mm	LVV(d) :
Mitral Valve Prolapse	No		LVV(s) :
Vegetation	No		LVEF : 60%
TRICUSPID VALVE		LV COMPLIANCE	
Normal		REDUCED	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

DIMENSIONS:			AORTIC VALVE		
1. Lvd. (Diastole)	46 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	28 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	10mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	10mm	6-11 mm			
7. LVPM (Systole)	12mm				
8. Aortic root	32 mm	22-37 mm			
9. Left Atrium:	36 mm	19-40 mm			
10. LVEF	60%				

COLOUR DOPPLER FINDINGS:			
STRUCTURE	REGURG GRADING	VELOCITY1 m/sec	GRADIENT 5 Mm Hg
		Max/Mean	Peak/Mean
MITRAL VALVE	Mild	0.90	3.30
TRICUSPID VALVE	Trivial	0.58	1.40
PULMONARY VALVE	Trivial	0.75	2.25
AORTIC	No	1.20	6.0

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LABORATORY REPORT

Name :	Ms. Deepa Vankayala	Reg. No :	307100425
Sex/Age :	Female/42 Years	Reg. Date :	08-Jul-2023 09:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Jul-2023 05:23 PM

USG ABDOMEN

Liver appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

Excessive gas filled bowel loops.

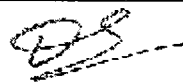
No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

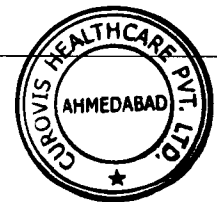
Excessive gas filled bowel loops.

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE

Reg No:0494



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LABORATORY REPORT

Name :	Ms. Deepa Vankayala	Reg. No :	307100425
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Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Jul-2023 05:23 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

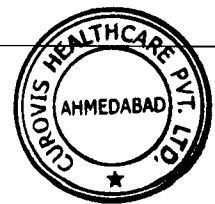
COMMENT: No significant abnormality is detected.

----- End Of Report -----

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



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Sex/Age :	Female/42 Years	Reg. Date :	08-Jul-2023 09:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Jul-2023 02:03 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.25

CY: +0.00

AX: 00

LEFT EYE

SP : -0.25

CY : -0.25

AX :171

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

----- End Of Report -----



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Dr Kejal Patel

(B.D.000114)

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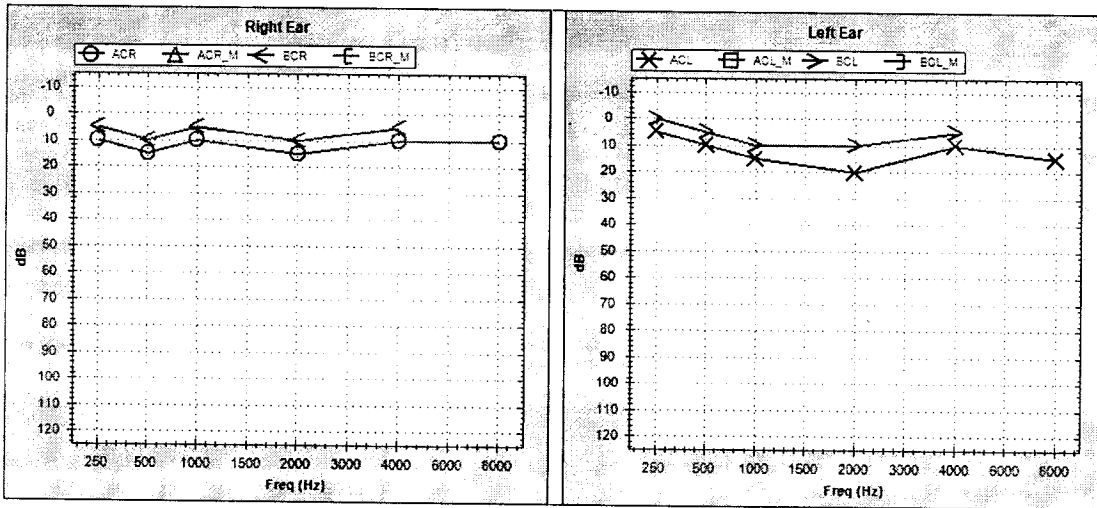


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 Ref. By :
 Client Name : Mediwheel

Reg. No : 307100425
 Reg. Date : 08-Jul-2023 09:22 AM
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 Report Date : 08-Jul-2023 02:03 PM

AUDIOGRAM

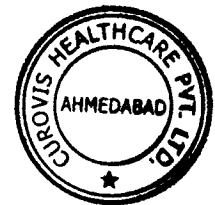


EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	☐	>	Blue
RIGHT		△	○	☐	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11	11
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.



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